| *BIBDATASHEET* Bib Data Sheet CONFIRMATION NO. 3027 | | | | | | | | | | |
|--|-----------------------|-------------------------|-------------------|---|----|---------------------------------|------|--------------------------------------|-------------|--|
| SERIAL NUMB 10/719,500 | | | | CLASS 606 | | GROUP ART UNIT 3731 | | ATTORNEY DOCKET NO. THIBL.001A | | |
| APPLICANTS | | | | | | | | | | |
| Timothy B. Hibler, Fair Oaks, CA; | | | | | | | | | | |
| ** CONTINUING DATA ********************************** | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ************************************ | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/27/2004 | | | | | | | | | | |
| Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after Allowance | | | | STATE OR | SH | SHEETS TO | | AL | INDEPENDENT | |
| Verified and Acknowledged Examiner's Signature Initials | | | | COUNTRY CA | DR | 1 | | MS | CLAIMS 7 | |
| ADDRESS 20995 KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 | | | | | | | | | | |
| TITLE Cervical medical device, system and method | | | | | | | | | | |
| | | | | | | ☐ All Fees ☐ 1.16 Fees (Filing) | | | | |
| FILING FEE | FEES: Authorit No. | iven in Pa edit DEP0 | per OSIT ACCOU | ☐ 1.17 Fees (Processing Ext. of time) | | | | | | |
| RECEIVED No for following: 1.18 Fees (Issue Other Credit | | | | | | | ssue |) | | |
| | | | | | | | | | | |